



Attorney Docket No. 1600.24

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Roch, et al.

Application No.: 10/776,013

Filed: February 9, 2004

For: COMPOSITIONS AND METHODS FOR  
TREATING NEUROLOGICAL DISORDERS  
AND DISEASES

Group Art Unit: 1649

Examiner: O. N. Chernyshev

CERTIFICATE OF EXPRESS MAIL

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Date of Deposit: January 20, 2006

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Stacey L. Stamper  
Stacey L. Stamper

1/20/06  
Date

**RESPONSE TO RESTRICTION REQUIREMENT  
AND  
PRELIMINARY AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The following amendments and remarks are filed in response to the Examiner's Restriction Requirement mailed December 20, 2005.

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks** begin on page 6 of this paper.



1-23-06

JFW

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/776,013	
		Filing Date	February 9, 2004	
		First Named Inventor	Jean-Marc Roch	
		Art Unit	1649	
		Examiner Name	O. Chernyshev	
Total Number of Pages in This Submission		9	Attorney Docket Number	1600.24

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Company Name	Myriad Genetics, Inc.		
Signature			
Printed name	Herbert L. Ley III, Ph.D.		
Date	January 20, 2006	Reg. No.	53,215

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Typed or printed name	Stacey L. Stamper		
Signature		Date	January 20, 2006